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## BIB DATA SHEET

CONFIRMATION NO. 9347

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/598,026	10/18/2007	128	3771	FPHCR.112NP		
<b>RULE</b>						
<b>APPLICANTS</b> Alastair Edwin McAuley, Auckland, NEW ZEALAND; Craig Robert Prentice, Auckland, NEW ZEALAND; Oliver Gleeson, Auckland, NEW ZEALAND;						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/NZ05/00023 02/18/2005 Yes /KC/						
<b>** FOREIGN APPLICATIONS *****</b> NEW ZEALAND 531332 02/23/2004 Yes /KC/ NEW ZEALAND 534606 08/06/2004						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 12/06/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /KEVIN K CHU/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NEW ZEALAND	<b>SHEETS DRAWINGS</b> 10	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> KNOBBE MARTENS OLSON & BEAR LLP 2040 MAIN STREET FOURTEENTH FLOOR IRVINE, CA 92614 UNITED STATES						
<b>TITLE</b> Breathing Assistance Apparatus						
<b>FILING FEE RECEIVED</b> 1080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		